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UTILITY PATENT APPLICATION TRANSMITTAL

2.07			2386 10/7
Attorney I	Docket No.	TSEN3052/EM	
First Nam (or identif	ned Inventor ier)	Yung-Chuan TSENG	
Total Pag	es	48	
nt appl	ication und	er 37 CFR 1.53(b).	

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Adjusting Apparatus For Projection

■ 1. Submitted herewith are the following:

10 pages of specification, including claims and Abstract.

4 sheets of FORMAL drawings (Figs. 1-4).

12 claims

Box PATENT APPLICATIONCommissioner of Patents

Alexandria, VA 22313-1450

1 Oath/Declaration signed by each inventor.

1 Application Data Sheet.

1 Assignment of the invention to Coretronic Corporation, Chu-Nan, Miao-Li County, Taiwan, R.O.C.,

Cover Sheet, and payment of the \$40 recordal fee.

1 certified copy of Taiwan application no. 092200560. Priority is claimed.

1 check in the amount of \$810 (\$770- Filing Fee; \$40- Assignment Recordation Fee).

- □ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
 - 4. Insert before the first sentence of the specification: - This application claims the benefit of provisional application number ______ filed _____ . -
- 5. Insert before the first sentence of the specification: - This application is a Continuation-in-part of nonprovisional application number ______ filed ______. -
- ☐ 6. Other:

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE F	ILING FEE	IS CALCULATED AS FOLLOWS:		Basic Fee:	\$770.00
Total Claims:	12	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	2	- 3=	0	X \$86 ≐	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176		23364 CUSTOMER NUMBER	Multiple Dependent Claim (add \$290.00):		\$0.00
			Subtotal:		\$770.00
Alexandria, VA 22314-	1170		50% Redu	ction if Small Entity Status:	\$0.00
Phone: 703-683-0500		Fax: 703-683-1080		Total:	\$770.00
Date		Nome	C:	anoturo:	Dog No

Date:	Name:	Signature:	Reg. No.
December 10, 2003	Eugene Mar		25,893